

Abstract Presentations

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To assess feasibility of methods to estimate the costs of care, quality of life and wider societal burden (mortality, morbidity, lost productivity, economic impact on family) due to COPD

Presented by-

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Background

- Chronic respiratory diseases account for 4.7% of global disability-adjusted life years (DALYs), with COPD making up two thirds of the total and asthma nearly a fifth.
- The burden to the patient with Chronic obstructive pulmonary disease (COPD) is high, both in terms of health-related quality of life and health status
- The three most important factors in individual patients that determine the high economic and societal costs of COPD are disease severity, presence of frequent exacerbations of disease and presence of comorbidities.

Rationale

- Due to the natural history of COPD and its relentlessly progressive nature it needs long-term care, which means the range of medical and/or social services designed to help people with disabilities or chronic care needs.
- Hence designing the method to measure direct medical cost, direct non-medical cost, indirect cost and loss of productivity collectively and quality of life assessment with reference to COPD, would be value-added information.

Objectives

Overall Aim:

- To assess the feasibility of method to estimate the costs of care, quality of life and wider societal burden due to COPD

Specific objectives:

- To identify and adapt potentially relevant questionnaire for cost of illness for COPD, select relevant questions and add new ones to fill any gaps.
- To understand the societal burden and healthcare burden of COPD

Methodology

- **Study design-** Cross sectional study
- **Study methods-** Mixed method approach
- **Study Setting-** Vadu Health and Demographic Surveillance System, India
- **Sample size and data collection tools**
 - Quantitative data collection- 60 COPD patients and 60 Age sex matched comparison group
 - Tools-
 - i. Structured questionnaire for assessing cost of illness
 - ii. Euroqol 5D for assessing quality of life
 - Qualitative data-
 - Indepth interview- 8-10 COPD patients
 - Indepth interview- 6-8 Health care providers
 - Tools- Indepth interview guide

Plan of analysis

- Basic descriptive statistics
- Use of generalized linear model
- Qualitative data will be analyzed by developing codes and themes

Questions to discuss

- Which existing tools should we consider while designing a robust method for this study?
- What other factors should we include, and to generate cost of illness data?
- How can we ensure scalability for large health economics studies around COPD in LMICs?